



**MIDLAND POLICE DEPARTMENT  
KIDS ACADEMY**



**Registration  
Child Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Youth or Adult Size: \_\_\_\_\_

Medical Conditions (Seizures, Medications, or any physical condition that the child might have that would keep he or she from participating in Physical Training):  
\_\_\_\_\_  
\_\_\_\_\_

**Discipline:** We will eject your child from the class if he or she cannot follow orders or disrupts class and parents will be called to come pickup child.

**Child must be picked up by 11:45**

**Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Beeper Number: \_\_\_\_\_

I hereby give permission for my child to participate in the Midland Police Department Kids Academy.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

# Midland Police Department Kids Academy Liability and Release

**I hereby give my permission and approval for my child to participate in this activity. I assume all risks and such hazards incidental to such participation, and I hereby release City of Midland Texas Police Department and their employees and agents from any and all liability from injury or injuries sustained by my child while participating the Kids Police Academy. The City of Midland Texas Police Department has no responsibility for any damage to or loss of any personal property**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_